 University of Puerto Rico

Mayagüez Campus

Dean of Academic Affairs

Institutional Review Board

***REQUEST FOR RENEWAL***

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| --- | --- | --- | --- |
| Protocol number: |  | |  |
| Project Title: |  | | |
| Main researcher: |  | |  |
| Approval Type: | ☐ Expedited | | |
|  | ☐ Full Board | | |
| Current approval expiration date: | |  | |
| Estimated project completion date: | |  | |

I. **Current research status**

☐ Participants are currently being recruited

☐ Recruitment of participants has ceased, but data is still being collected

☐ Recruitment of participants and collection of data has ceased, but data is still being analyzed

☐ Participants have not yet been recruited; no additional risks from the ones specified by the original proposal have been detected

**II. Informed consent**

1. Since the last Committee revision, has any new data been discovered that must be informed to participants?

☐ Yes ☐ No

*If the response is Yes, please submit an amendment to the Informed Consent Form or submit a new one with the new information marked or subtitled*.

**III.** **Adverse events and issues related to research participants**

1. Since the last Committee approval, have participants been informed of adverse events that occurred to other participants during the course of the investigation?

☐ Yes ☐ No

*If the response is Yes, please include a copy of the Report of Adverse Events with this form.*

**III. Participant withdrawal**

1. Has any participant withdrawn from the investigation due to adverse effects or medical problems?

☐ Yes ☐ No

*If the response is Yes, please provide a description of the medical issue or events for each participant who involuntarily withdrew from the investigation.*

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1. Is it necessary to modify the investigation’s protocol at this time?

☐ Yes ☐ No

*If the response is Yes, please complete the Request for Modification and include the necessary documents to be revised by the Committee.*

**IV. Signatures**

By signing, you are certifying that all information provided in this form is accurate and truthful. I understand that as the main researcher, I am responsible for the rights and wellbeing of the human participants as well as the administration and ethical performance of the project.

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| Signature of main researcher |  | Month / Day / Year |

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| Name of professor or advisor (if the researcher is a student) | | |
|  |  |  |
| Signature of professor or advisor |  | Month / Day / Year |